

*Reg. Fee CPA-9/25/06*

**PATENT APPLICATION FEE DETERMINATION RECORD**

Application or Docket Number: *E-9/923-683*

CLAIMS AS FILED - PART I			SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	RATE	FEE	RATE	FEE
BASIC FEE (37 CFR 1.16(a))						
TOTAL CLAIMS (37 CFR 1.16(c))	<i>31</i> minus 20 =	<i>* 11</i>	x \$		x \$	<i>710.00</i>
INDEPENDENT CLAIMS (37 CFR 1.16(b))	<i>1</i> minus 3 =	<i>* 3</i>	x		x	<i>270.00</i>
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+		+	
			TOTAL		TOTAL	<i>980.00</i>

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II					SMALL ENTITY	OR	OTHER THAN SMALL ENTITY		
AMENDMENT A	(Column 1)	(Column 2)	(Column 3)		RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA					
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$		x \$	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x		x	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+		+		
					TOTAL		TOTAL		

CLAIMS AS AMENDED - PART II					SMALL ENTITY	OR	OTHER THAN SMALL ENTITY		
AMENDMENT B	(Column 1)	(Column 2)	(Column 3)		RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA					
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$		x \$	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x		x	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+		+		
					TOTAL		TOTAL		

CLAIMS AS AMENDED - PART II					SMALL ENTITY	OR	OTHER THAN SMALL ENTITY		
AMENDMENT C	(Column 1)	(Column 2)	(Column 3)		RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA					
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$		x \$	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x		x	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+		+		
					TOTAL		TOTAL		

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

09/423683

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	31 minus 20=	11
INDEPENDENT CLAIMS	7 minus 3=	4
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*		Minus	**	=
Independent	*		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*		Minus	**	=
Independent	*		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*		Minus	**	=
Independent	*		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
	380.00	OR		840
X\$ 9=		OR	X\$18=	198
X39=		OR	X78=	312
+130=		OR	+260=	
TOTAL		OR	TOTAL	1350

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

BEST AVAILABLE COPY

SERIAL NUMBER :

09/423683

TO: PCT OFFICE OF FINANCE  
CRYSTAL PLAZA 2 - 5TH FLOOR

FROM : PCT INTERNATIONAL DIVISION - DO/EO  
CRYSTAL PLAZA 2 - 8TH FLOOR

PLEASE PROCESS THE FOLLOWING CORRECTIONS :

FROM

TO

CODE	FEE	CODE	FEE
<u>964</u>	<u>234</u>	<u>964</u>	<u>312</u> - 78
<u>966</u>	<u>432</u>	<u>966</u>	<u>198</u> - (234)

02/07/2000 UNMLKER 00000069 09423683

01 FC:964 312.00 OP  
02 FC:966 198.00 OP

Adjustment date: 02/07/2000 UNMLKER  
11/18/1999 WCLAYDRB 00000014 09423683  
02 FC:966 -432.00 OP  
03 FC:964 -234.00 OP

OTHER :

☐

CHARGE VOUCHER IS ATTACHED TO CHARGE / REFUND  
ADDITIONAL FEES

Repla. Ref: 02/07/2000 UNMLKER 00000069  
BAN:061050 Name/Number: 09423683  
FC: 704 0156.00 CR

THE ORIGINAL METHOD OF PAYMENT WAS :

☐

BY A CHECK

☐

BY A CHARGE TO DEPOSIT ACCOUNT NO. \_\_\_\_\_

SERIAL NUMBER: 09/423683

TO: PCT OFFICE OF FINANCE  
CRYSTAL PLAZA 2 - 5TH FLOOR

FROM: PCT INTERNATIONAL DIVISION - DO/EO  
CRYSTAL PLAZA 2 - 8TH FLOOR

PLEASE PROCESS THE FOLLOWING CORRECTIONS:

FROM	TO		
CODE	FEE	CODE	FEE
<u>960</u>	<u>260-</u>	<u>154</u>	<u>130-</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER:

<input checked="" type="checkbox"/>	CHARGE VOUCHER IS ATTACHED TO CHARGE / REFUND ADDITIONAL FEES
<input checked="" type="checkbox"/>	OTHER: <u>Change Codes</u>

THE ORIGINAL METHOD OF PAYMENT WAS:

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BY A CHECK

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BY A CHARGE TO DEPOSIT ACCOUNT NO. \_\_\_\_\_